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Navy & Marine Corps Medical News #01-34
Aug. 31, 2001

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MN013401. The SG's Thoughts on Assumption of Office
WASHINGTON, DC - It has been three weeks since I
assumed office as the 34th Surgeon General and Chief of
the Bureau of Medicine and Surgery. I am proud to serve
in this venerable position, with its unbroken tradition
dating back nearly 160 years.

Since the days of the first Chief, William P. C.
Barton, many aspects of Navy Medicine have evolved and
changed, but one thing has remained constant. That
constant is our mission: Promote the health of Sailors and
Marines who go in harm's way; protect them from all
possible hazards when they do; restore the sick and
injured, just as we also care for their families at home;
and finally help a grateful Nation thank its retired
protectors with TRICARE for Life.

This mission is called Force Health Protection. It is
how the men and women of Navy Medicine express our core
values of honor, courage and commitment. It is what we
have always done, what we do today, and 160 years in the
future, it will still be the mission of Navy Medicine.

Looking to our future, Navy Medicine must remain both
relevant and reasonable to continue this tradition. Our
relevance is that high quality care and health protection
is a vital part of the Navy's ability to execute worldwide
missions. To remain reasonable in a budget conscious
world, we must be willing to adopt today's best business
practices to be as efficient and economical as possible.

In order to provide Force Health Protection in a
reasonable and relevant manner, the focus of Navy Medical
Leadership is ROI. In industry, ROI means "return on
investment." To Navy Medicine, it means "Readiness,
Optimization and Integration."

Readiness requires personnel readiness, unit

readiness, a healthy and fit force, preventive medicine, deployment, and healthcare. Operational and MTF missions are not conflicting, but complementary parts of a mosaic that must be balanced within existing resources to provide a healthy, fit and protected force.

Optimization is simply making the best use of people, time and money, and must include all levels of the organization. It results in higher "Quality of Service" through improved satisfaction among patients, customers and Medical Department people. New technologies, particularly information technologies, will without doubt be transformational, and the MHS e-Health Strategy is a vital element for our future.

And last, Integration. Navy Medicine has a complex mission that requires purposeful coordination among multifaceted fields and specialties (teaching, research, healthcare, dentistry, prevention, health promotion, and more.) Integration with our sister services, TRICARE, and the VA offers even further opportunities to combine mutually supportive efforts into a "force multiplier".

Navy Medicine is on the right course. We're building on great success. We have the right men and women - and, we have the right focus. Every member of this organization should be proud of who we are and what we have accomplished. Navy Medicine is world class; few can do what we do, and none do it better. But we should not be content. There is much yet to do, and continued success requires continued change. Force Health Protection is a journey, not a destination. It is a journey I look forward to sharing with you.

- VADM M. L. Cowan, Medical Corps, Surgeon General of the Navy.

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MN013402. Hearing Conservation Top Priority on ABE

By JO3 Barbara Silkwood, USS ABRAHAM LINCOLN (CVN 72)
ABOARD USS ABRAHAM LINCOLN - The noise is everywhere - grinding, pounding, bells, alarms.

It's hard to avoid onboard USS Abraham Lincoln. It's a daily fact of life, whether in port or at sea.

LINCOLN's Medical Department is taking advantage of the ship's extended inport to evaluate the crew's hearing, with the first in line being Sailors from divisions and shops most susceptible to loud noise.

To provide the maximum amount of support to the fleet in the least amount of time, two Mobile Hearing Conservation Vehicles (MOHCAV) will be stationed on the pier near the aircraft carrier, giving non-stop hearing exams to nearly 130 Sailors a day.

By the time they were done, Richard Anderson, the senior audio technician from Naval Hospital Bremerton, Wash., and Army Sgt. Uriah Popp, an ear, nose and throat specialist from nearby Madigan Army Medical Center, tested more than 1,400 LINCOLN Sailors.

A retired Navy senior chief, Anderson knows the dangers of hearing loss to military personnel and the importance of using proper hearing protection.

"Typically, between a quarter to one-third of all military personnel run a risk of losing their hearing," Anderson said. "And Sailors who can not communicate effectively become safety hazards to themselves."

If a Sailor experiences hearing loss, the problem reaches much further than work-related incidents - it becomes a quality of life issue.

"When a Sailor goes home to his or her family and he or she can't communicate properly with kids, spouses or family members, the hearing loss which could have been prevented can cause many other complications in the Sailor's family life," Anderson said.

There are various types of hearing protection, but the most effective, according to HM1 Michael Elam with Abe's Medical Department, are the earmuffs and fitted plastic plugs issued by sick bay.

"Hearing protection really works," Anderson said. "Sailors don't have to deal with hearing loss if they use the protection properly and have an audiogram periodically."

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MN013403. Navy Run, Jump and Throw Kicks Off
By JO1 David Nagle, Chief of Naval Personnel

WASHINGTON, DC - The Navy is sponsoring a nationwide youth sports program designed to promote teamwork, enhance physical fitness and offer Sailors a tremendous opportunity for community involvement.

Navy Run, Jump and Throw (NRJT), for boys and girls grades 1-12, is a competitive track and field activity based on basic sports movements that provides a structured, team-oriented activity for young people.

The Navy became the title sponsor to help America's youth develop a sense of pride in themselves through exciting sports activities that encourage and teach physical fitness, teamwork and competition.

"The Navy is behind this program 100 percent because it supports physical fitness and teamwork, two essential elements of our culture," said Chief of Naval Personnel VADM Norb R. Ryan Jr.

"We also believe Navy Run, Jump and Throw will provide our Sailors with a gratifying community service opportunity and a great way to work with children and young adults," added Ryan.

Jim Santos, a former United States Men's Olympic Track and Field coach with more than 40 years experience, founded NRJT in November 2000 as a means to supplement schools' physical education programs.

"NRJT grew out of a need in the schools," Santos said. "Physical education programs were being cut across the country and we saw a need for keeping kids active."

NRJT scores participants' performance in three basic track and field events: sprinting, jumping and throwing. The program is unique because scoring is team-based. All students regardless of physical ability can participate. In addition, the program is flexible enough to cater to students with special physical and developmental disabilities.

"The program is effective because this is what kids do - run, jump and throw!" said Santos.

According to Santos, the program has been established in 2,166 schools and 156 city park and recreation programs have enrolled in NRJT. The program will reach more than 1.2 million children nationwide this year.

The Navy's sponsorship of NRJT makes the program an innovative approach to introducing the Navy's commitment to our communities and to America's youth, while providing mentorship opportunities for Sailors.

For more general information on Navy Run, Jump and Throw, go to www.navyrunjumpnthrow.org. A schedule of upcoming NRJT events will be published shortly.

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MN013404. Reservists Contribute 10,000 Days to Command

By HM2 William McIlvain, Naval Medical Center
Portsmouth

Portsmouth, VA - Navy Reservists contribute 10,000 days of service to Naval Medical Center Portsmouth (NMCP) every year. Another way of looking at it, they add more than 40 full time highly skilled medical personnel to the hospital.

Serving two weeks or more at the medical center or one of its branches, Reservists play an important role in meeting the command's operational requirements and gain valuable experience.

Twenty-two Reserve units with more than 700 Reservists are attached to the center. The Reserve units are located throughout the Mid-Atlantic and Northeast. Reservists from other locations also complete their annual training at Portsmouth.

"Personnel such as pharmacists, nurse practitioners and anesthesiologists wouldn't be able to go on TAD or take leave without the back-up support provided by Selected Reservists," said HM1 Mike Stoodley, the leading petty officer for the Reserve Liaison Office at Portsmouth.

Reservists, in return, get valuable experiences that enhance their civilian careers.

"I get to work with people from all over the country who have great backgrounds and training," said LCDR John Clay, NC, a Reservist from West Virginia.

Clay, a nurse practitioner, began his Naval Reserve career as a hospital corpsman and took advantage of the educational benefits to earn a bachelor and master of science degree in nursing. He is serving his two-week

duty at the Naval Air Station Oceana branch clinic.

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MN013405. Southwest Dental Personnel Aid Homeless Vets

San Diego, Calif. - At this year's 14th annual National Stand Down held last month, more than 70 of the Navy people who volunteered to help the homeless veterans were from Naval Dental Center Southwest.

The volunteers gave up part of their weekend to provide dental services ranging from exams and oral cancer screening to tooth extractions to more than 50 veterans.

CAPT J.W. Kirby, DC, commanding officer of Naval Dental Center Southwest, visited the mobile units where the volunteers set up. He was impressed with the operation and pledged the command's support for future stand downs. He was also impressed that so many of his people chose to spend their free weekend helping vets.

"This is time well spent in order to give something back to the veterans that have given to this country and who really need our services," said DT2 Charles Mara, leading petty officer of the Fleet Liaison Department.

The Vietnam Veterans of San Diego initiated the first Stand Down in 1988 with help from local military, veterans' organizations, governmental support agencies and civic groups. The concept became national in 1990 when other cities picked up the idea. Last year, Stand Downs were held in 120 cities across America.

The vets receive food, clothing, shelter and counseling for three days in a "safe" environment. It is an opportunity for them to regain their self-respect and connect with services that can help them on the road to recovery and off the streets. More than 500 homeless veterans received assistance during this year's Stand Down.

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MN013406. TRICARE for Life Mailing Coming

TRICARE for Life (TFL), which results in most members of the military retiree community being eligible for benefits formerly provided only to those under 65, begins Oct. 1. Eligible beneficiaries are now being mailed an information package that describes the new program. The mail-out should be completed by the end of the month.

Eligible beneficiaries who have not received an information package by Aug. 31 should call the toll-free TFL toll free number, 1-888-363-5433. Those who are hearing or speech impaired should call TTY/TDD at 1-877-535-6778. Information is also available at the TRICARE Website, www.tricare.osd.mil.

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MN013407. HealthWatch: The 4-1-1 On New Cholesterol Guidelines

By Aveline V. Allen, Bureau of Medicine & Surgery

Think you know about cholesterol? Maybe you need to think again. The National Institutes of Health has set new cholesterol standards to help combat heart disease, the number one killer in the U.S.

The guidelines, developed by the National Cholesterol Education Program and the National Heart, Lung and Blood Institute at the National Institutes of Health (NIH), were changed because recent research advances showed the ten year old guidelines may not be adequate to keep heart disease at bay.

The new guidelines are more stringent and will encourage doctors to treat patients earlier to prevent heart disease. They will increase the number of patients currently being treated for high cholesterol and, consequently, increase the number of patients taking medication to lower their cholesterol.

"The new guidelines will have a positive impact on patient care," said Karen Ulisney, a nurse in cardiac rehabilitation at National Naval Medical Center Bethesda, Md. "They are evidence-based practice recommendations, not general opinions."

They also call for better detection of the risk factors associated with high cholesterol and heart disease and sets new standards for "good" cholesterol, "bad" cholesterol, and total cholesterol levels.

According to NIH, patients who are most likely to be at high risk for cholesterol include those who have type 2 diabetes, previous bypass surgery, a stroke, and unstable angina (heart) blockages, and blockages in their carotid arteries or peripheral vascular disease.

Other symptoms cited as risk factors are: cigarette smoking, blood pressure greater than 140/90 and/or taking medication to lower blood pressure, HDL (good cholesterol) lower than 40 milligrams, inactivity, family history of heart disease, and age.

The new guidelines were developed over a 20-month period by a panel of experts in heart disease, lipid measurement and management, primary care medicine, nutrition, epidemiology, health economics, and other areas.

Although new guidelines have been set, the same basic principles apply to controlling your cholesterol levels: eat a healthy low-fat diet, control your weight and exercise regularly.

The new cholesterol (and triglycerides) guidelines are:

Total cholesterol levels:

Less than 200 mg/dl	Desirable
200-239 mg/dl	Borderline high
240 mg/dl and above	High

LDL (bad cholesterol) levels:

Less than 100 mg/dl	Optimal
100-129 mg/dl	Near optimal/above optimal
130-159 mg/dl	Borderline high

160-189 mg/dl	High
190 mg/dl and above	Very High
HDL (good cholesterol) levels:	
Less than 40 mg/dl	Low (major risk factor)
Triglycerides (form of fat found in blood):	
150-199 mg/dl	Borderline high
200 mg/dl	High

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Editor's Note: September is National Cholesterol Education Month.

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Navy and Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy Medical Department. Information contained in MEDNEWS is not necessarily endorsed by the Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

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